



PUBLIC PROTECTION CABINET  
 DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION  
 MANUFACTURED HOUSING SECTION  
 101 SEA HERO ROAD, SUITE 100  
 FRANKFORT, KY. 40601-5412  
 (502) 573-1795 FAX (502) 573-1059



## APPLICATION FOR MANUFACTURED HOME RETAILER LICENSE

This application must be COMPLETED in detail. No application will be reviewed unless the instructions are complied with. All statements made in this application are subject to the penalties of perjury as set forth in the certificate at the end of the application.

All licenses, unless renewed, revoked or suspended shall expire on the last date of the birth month of the primary owner. **NOTE: All corporations use the date of incorporation instead of birth month for determining the fee.** (Use pro-rated fee form for the initial licensing fee.) Renewal fee shall be \$250.00 thereafter.

Birth month \_\_\_\_\_ Incorporation Date \_\_\_\_\_

1. Check Each Type of Home Sales Applicable:

- New Manufactured Homes \_\_\_\_\_
- Pre-Owned Manufactured Homes \_\_\_\_\_
- Mobile Homes (*built prior to 1976*) \_\_\_\_\_
- Salvage Units ("*B2*" Seal) \_\_\_\_\_
- Modular Units \_\_\_\_\_

2. Revenue Cabinet Sales Tax Permit Number \_\_\_\_\_ Fed Tax ID Number \_\_\_\_\_

**A copy of Kentucky Sales Tax permit must accompany application.**

3. Name of Dealership \_\_\_\_\_  
 Corporate Name (if applicable) \_\_\_\_\_

(A) Sole proprietor applicants wishing to operate under an assumed name must attach an Assumed Name Certificate along with proof of filing with county clerk.

(B) All other applicants wishing to operate under an assumed name must attach a copy of an Assumed Name Certificate, which can be obtained from the Secretary of State, along with proof of filing with the Secretary of State and county clerk.

(C) All corporations must furnish a copy of the Articles of Incorporation, along with proof of filing with the Secretary of State.

4. Credit Report from a Credit Reporting Agency. Persons needing to complete this information are: Sole Proprietors, General Partners in a Partnership and all Officers and Directors of a Corporation listed below:

5. Physical Address of established place of business, as defined in KRS 227.500 and the applicable rules and regulations. (The mailing address and the actual address of the business must be the same). For mailing purposes, you may add a post office box number

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Business Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Mailing Address if different than above: \_\_\_\_\_

6. Name of owner or partners (**all**). Owners, partners, or corporate officers indicate percent of business owned. The owners must equal 100%. If additional space is required, attach separate sheet.

_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %

7. Do you own the property occupied by the proposed dealership?  Yes  No

If the property is not owned by the dealership, a lease of property must be completed, and a copy of the lease must be attached to this application. The lease must reveal the name(s) and address of the lessee and the lessor. If the property is owned **a copy of the deed or an affidavit stating that you own the property must be attached.**

8. Dimensions of Sales Lot: \_\_\_\_\_ Dimensions of Office: \_\_\_\_\_

9. Is any other business operated on or from this location?  Yes  No

If yes, give nature of business \_\_\_\_\_  
 Business name and owner(s) name \_\_\_\_\_

10. Each Manufactured and Mobile Home Retailer shall obtain at least one (1) person who has successfully completed the approved requirements dealing with the installation of manufactured homes. **The certified installer must be an employee (not a contractor)**

Certified Installer Name \_\_\_\_\_ Certification # \_\_\_\_\_  
 Certified Manager/Owner's Name \_\_\_\_\_ Certification # \_\_\_\_\_

11. Description of Service

A. Do you plan to perform your own:

<input type="checkbox"/> Service	<input type="checkbox"/> Maintenance (warranty work)
<input type="checkbox"/> Installation/set-up	<input type="checkbox"/> Transportation of homes

B. Do you plan to engage independent contractors to perform:

<input type="checkbox"/> Service	<input type="checkbox"/> Maintenance (warranty work)
<input type="checkbox"/> Installation/set-up	<input type="checkbox"/> Transportation of homes

If you plan to contract for any of the above, please provide a letter of agreement attached to this application **for each independent contractor used.** The letter of agreement shall include the contractor's company name, its principals, address and telephone number and any other type and number of any business or certification that such contractors hold.

**NOTE Change of contractors or changes in letter of agreement must be submitted to this Department with the effective dates of the changes.**

12. Name of Employees: \_\_\_\_\_ Years of Experience \_\_\_\_\_

**INITIAL ALL THAT APPLY:**

I have been convicted of a felony or a misdemeanor in the Commonwealth of Kentucky, any other state, or the United States. **YES**  **or NO** .

If you marked yes you have been convicted of a felony or misdemeanor, you might not be able to receive a Kentucky retailer's license at this time. Please contact the Manufactured Housing Section for further information.

Pursuant to KRS164.772, if you are in default of student loans backed by the Kentucky Higher Education Assistance Authority, you cannot receive a Kentucky retailer's license unless specified conditions are met. Please contact the Manufactured Housing Section for further information.

Signature of Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_

Applicants, whether individuals, partnership, or principal officers of a corporation, must complete the following personal data form and sign a waiver authorizing the Manufactured Home Inspection Division to run National Criminal Information Checks on their past record, if any. *(Use separate sheet for each person: sheet may be reproduced if necessary)*

### **DATA FORM**

- A. Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
- B. City \_\_\_\_\_ State \_\_\_\_\_ Home Phone # \_\_\_\_\_
- D. Title/Position with dealership \_\_\_\_\_
- E. Place of residence \_\_\_\_\_
- F. Have you ever been granted a manufactured or mobile home dealer license in Kentucky or any other state? \_\_\_\_ Yes \_\_\_\_ No  
If yes, under what name, what year, what county and what state? \_\_\_\_\_
- G. Have you ever been denied retail dealer license OR ever had a retail dealer license suspended or revoked in Kentucky or any other state? \_\_\_\_ Yes \_\_\_\_ No  
If yes, give name, date of action, state or other location and reason for action: \_\_\_\_\_  
\_\_\_\_\_
- H. Give complete name and address of **all** business bank accounts:  
\_\_\_\_\_  
\_\_\_\_\_

### **WAIVER RELEASE FORM**

I, \_\_\_\_\_, hereby authorize all persons who may be contacted by this Office or the Certification and Licensure Board to release any and all information that they may have concerning my employment, credit, or criminal records.

\_\_\_\_\_  
*Signature of Applicant*

STATE OF KENTUCKY

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public*

Seal

**FOR EACH PERSON** (owner, partner, officer, etc) filling out this data form, supply photograph, less than one (1) year old, and complete history on next page.

Photograph of each person named on the data form

(Use separate sheet for each person: sheets may be reproduced if necessary)

Photograph must be less than one (1) year old, must clearly show identity of each person depicted, and must be at least Polaroid size.

Photograph of person listed below

\_\_\_\_\_  
Name of Person Shown

**EMPLOYMENT HISTORY**

List each place of employment, etc, for past, 10 years, beginning with the most recent.

Place of Employment	Address	Dates Worked	Job Title & Description
1.			
2.			
3.			
4.			
5.			

**IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SHEET.**

**If Corporation, include only corporate assets and liabilities.**

**ASSETS**

CASH

Bank Name, and Location

_____	Amount
_____	\$ _____
_____	_____

TOTAL \$ \_\_\_\_\_

REAL ESTATE

Description

	Value	Market Amount	Mortgage Value	Net
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
				TOTAL \$ _____

ACCOUNTS & NOTES RECEIVABLE

Source

_____	Amount
_____	\$ _____
_____	_____
	TOTAL \$ _____

OTHER ASSETS- ITEMIZE (Stocks, securities, ins, surrender value, etc)

Description

	Value	Amount Owed	Net Value
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
			TOTAL \$ _____
			(Total New Value)
			TOTAL ASSETS \$ _____

LIABILITIES (Do not enter amounts, which are reflected above.)

ACCOUNTS & NOTES PAYABLE

To	Date Due	Amount Owed
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		TOTAL \$ _____

TAX PAYABLE

Amount \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

OTHER-ITEMIZE

To	Date Due	Amount Owed
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		TOTAL \$ _____

TOTAL LIABILITIES \$ \_\_\_\_\_

NET WORTH \$ \_\_\_\_\_

(total assets minus total liabilities)

Which of the amounts reflected in your net worth figure will be used as start up or operating capital for the home sales business?

CASH	\$ _____
REAL ESTATE	\$ _____
STOCKS, SECURITIES	\$ _____
OTHER (specify) _____	\$ _____
TOTAL INVESTMENT	\$ _____

**NOTE:** It is very important to complete this statement as accurately and correctly as possible. Improperly completed statements can cause a delay in approving your license or may lead to a bond requirement. Listing liabilities is as important as listing assets. If there are no liabilities, supply separate statement attesting to that fact. Let your bookkeeper review for corrections.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# LEASE OF PROPERTY FORM

I/We \_\_\_\_\_  
*Type or Print Name(s) & Mailing Address of Property Owner(s)*

Agree to lease to \_\_\_\_\_  
*Type or Print Applicant's Name(s) & Mailing Address*

\_\_\_\_\_ for a period of \_\_\_\_\_ years beginning  
*(Business to be used as a manufactured/mobile home  
sales center and service lot)*

on \_\_\_\_\_. The consideration to be paid is \$ \_\_\_\_\_ a month.

Made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. By and between  
\_\_\_\_\_, property owner(s), and  
\_\_\_\_\_, tenant.

\_\_\_\_\_ date \_\_\_\_\_  
*Signature of Property Owner(s)*

\_\_\_\_\_ date \_\_\_\_\_  
*Signature of Applicant(s)*

State of Kentucky

County of \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_ and  
\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

# ZONING/LAND USE AUTHORITY FORM

DEPARTMENT OF HOUSING, BUILDING & CONSTRUCTION  
MANUFACTURED HOUSING SECTION  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KENTUCKY 40601-5412

This is to certify that the \_\_\_\_\_ County/City  
*(Name of County/City)*

zoning authority has authorized the following address \_\_\_\_\_

\_\_\_\_\_  
*(Street address of dealership)*

as suitable and legally fit as a Manufactured/Mobile Home Sales and Service Center (Retail Dealer), location, at which the business of a dealer, including the DISPLAY OF HOMES, may be lawfully carried on in accordance with the terms of all applicable building codes, zoning and other land use regulatory ordinances.

\_\_\_\_\_  
Signature of County Judge Executive or Chief Zoning Official

\_\_\_\_\_  
Date

\_\_\_\_\_ Zoning is not applicable in the above listed county/city.

\_\_\_\_\_  
Signature of County Judge Executive or Chief Zoning Official

\_\_\_\_\_  
Date

**DRAWING OF THE PREMISES**

13. In the space provided below make a detailed plot layout drawing of the sales center showing the sales office, manufactured home display/storage area, service support area, and the dealership sign in relation to the nearest roadway. (Give dimensions)

14. COMMONWEALTH OF KENTUCKY  
COUNTY OF \_\_\_\_\_ TO WIT:

The undersigned states that he/she is the applicant or the authorized signatory of the applicant, he/she has an established place of business as that term is defined in KRS Chapter 227.550 et al. That he/she has read the statements contained in this application, and that the same are true and correct. That statements made herein are made under full and complete knowledge of the penalty of perjury and that fraudulent or misleading statements may be grounds for suspension, revocation or denial of the license for which this application is submitted, and/of criminal charges pursuant to applicable law.

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*Signature of Applicant(s)* *Date*

STATE OF KENTUCKY  
County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission Expires: \_\_\_\_\_

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*Signature of Notary Public*

Seal

**CERTIFICATE TO DO BUSINESS UNDER ASSUMED NAME**  
**KRS 227.500 et al**

File with county clerk, of, if corporation, obtain required form from Secretary of State, and file with Secretary of State and county clerk.

**TO WHOM IT MAY CONCERN:**

This certifies that the business to be known as \_\_\_\_\_  
*(Name of Manufactured Home Dealership)*

\_\_\_\_\_ located in \_\_\_\_\_ County,  
*(Address of dealership)*

Commonwealth of Kentucky, is owned and operated by \_\_\_\_\_  
*(Name of Owner(s))*

\_\_\_\_\_  
*(Address of Owner(s))*

\_\_\_\_\_  
Signature & Title of Owner(s)

COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, Notary Public in and for the State and County indicated above, do certify that the foregoing instrument of writing was this date presented to me by \_\_\_\_\_, who delivered, signed and acknowledged same to be (his/her) act and deed.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date of Filing

For a NEW APPLICATION the fee is based on your birth month and the month in which you apply (see column for **New MH Retailer**).

Example: (see highlighted area in the January chart). If you were born in October and you are applying in January then your application fee is \$437.47. This license would be valid for 21 months, expiring at the end of the following year.

If you apply in January

Birth month	Duration (Months)	New MH Retailer	Renewal MH Retailer
January	12	\$250.00	\$250.00
February	13	\$270.83	
March	14	\$291.66	
April	15	\$312.49	
May	16	\$333.32	
June	17	\$354.15	
July	18	\$374.98	
August	19	\$395.81	
September	20	\$416.64	
October	21	\$437.47	
November	22	\$458.30	
December	23	\$479.13	

If you apply in February

Birth month	Duration (Months)	New MH Retailer
January	23	\$479.13
February	12	\$250.00
March	13	\$270.83
April	14	\$291.66
May	15	\$312.49
June	16	\$333.32
July	17	\$354.15
August	18	\$374.98
September	19	\$395.81
October	20	\$416.64
November	21	\$437.47
December	22	\$458.30

If you apply in March

Birth month	Duration (Months)	New MH Retailer
January	22	\$458.30
February	23	\$479.13
March	12	\$250.00
April	13	\$270.83
May	14	\$291.66
June	15	\$312.49
July	16	\$333.32
August	17	\$354.15
September	18	\$374.98
October	19	\$395.81
November	20	\$416.64
December	21	\$437.47

If you apply in April

Birth month	Duration (Months)	New MH Retailer
January	21	\$437.47
February	22	\$458.30
March	23	\$479.13
April	12	\$250.00
May	13	\$270.83
June	14	\$291.66
July	15	\$312.49
August	16	\$333.32
September	17	\$354.15
October	18	\$374.98
November	19	\$395.81
December	20	\$416.64

If you apply in May

Birth month	Duration (Months)	New MH Retailer
January	20	\$416.64
February	21	\$437.47
March	22	\$458.30
April	23	\$479.13
May	12	\$250.00
June	13	\$270.83
July	14	\$291.66
August	15	\$312.49
September	16	\$333.32
October	17	\$354.15
November	18	\$374.98
December	19	\$395.81

If you apply in June

Birth month	Duration (Months)	New MH Retailer
January	19	\$395.81
February	20	\$416.64
March	21	\$437.47
April	22	\$458.30
May	23	\$479.13
June	12	\$250.00
July	13	\$270.83
August	14	\$291.66
September	15	\$312.49
October	16	\$333.32
November	17	\$354.15
December	18	\$374.98

If you apply in July

Birth month	Duration (Months)	New MH Retailer
January	18	\$374.98
February	19	\$395.81
March	20	\$416.64
April	21	\$437.47
May	22	\$458.30
June	23	\$479.13
July	12	\$250.00

If you apply in August

Birth month	Duration (Months)	New MH Retailer
January	17	\$354.15
February	18	\$374.98
March	19	\$395.81
April	20	\$416.64
May	21	\$437.47
June	22	\$458.30
July	23	\$479.13

If you apply in September

Birth month	Duration (Months)	New MH Retailer
January	16	\$333.32
February	17	\$354.15
March	18	\$374.98
April	29	\$395.81
May	20	\$416.64
June	21	\$437.47
July	22	\$458.30

August	13	\$270.83		
September	14	\$291.66		
October	15	\$312.49		
November	16	\$333.32		
December	17	\$354.15		

August	12	\$250.00		
September	13	\$270.83		
October	14	\$291.66		
November	15	\$312.49		
December	16	\$333.32		

August	23	\$479.13		
September	12	\$250.00		
October	13	\$270.83		
November	14	\$291.66		
December	15	\$312.49		

If you apply in October

Birth month	Duration (Months)	New MH Retailer		
January	15	\$312.49		
February	16	\$333.32		
March	17	\$354.15		
April	18	\$374.98		
May	19	\$395.81		
June	20	\$416.64		
July	21	\$437.47		
August	22	\$458.30		
September	23	\$479.13		
October	12	\$250.00		
November	13	\$270.83		
December	14	\$291.66		

If you apply in November

Birth month	Duration (Months)	New MH Retailer		
January	14	\$291.66		
February	15	\$312.49		
March	16	\$333.32		
April	17	\$354.15		
May	18	\$374.98		
June	19	\$395.81		
July	20	\$416.64		
August	21	\$437.47		
September	22	\$458.30		
October	23	\$479.13		
November	12	\$250.00		
December	13	\$270.83		

If you apply in December

Birth month	Duration (Months)	New MH Retailer		
January	13	\$270.83		
February	14	\$291.66		
March	15	\$312.49		
April	16	\$333.32		
May	17	\$354.15		
June	18	\$374.98		
July	19	\$395.81		
August	20	\$416.64		
September	21	\$437.47		
October	22	\$458.30		
November	23	\$479.13		
December	12	\$250.00		

